

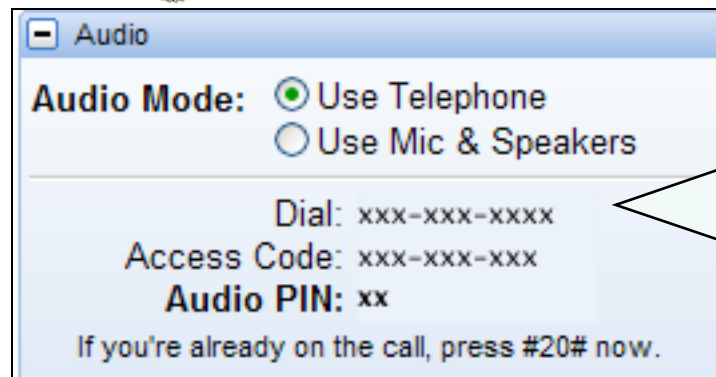
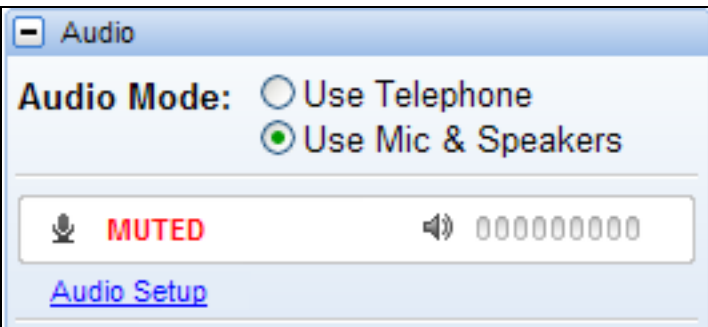
Welcome!

The Webinar to **Submitting Authorization Requests for Pharmacy Services** will begin shortly. While you are waiting, please check your audio settings.

You can use computer speakers or headphones



You can dial in using a telephone. Long-distance charges may apply.



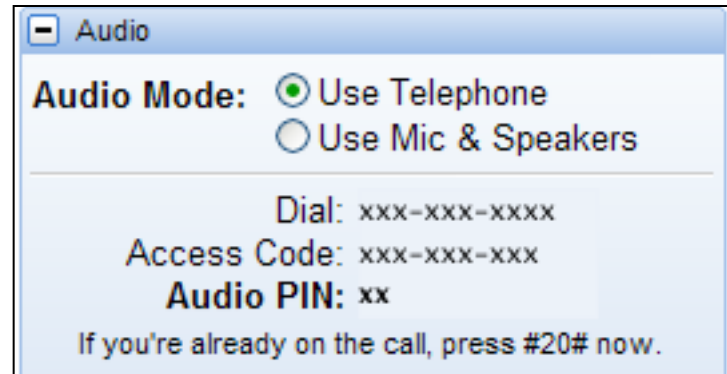
Your Dial-In Number, Access Code, and Audio PIN are located in the Webinar control panel.

Sound Check

- If you are not hearing us through your PC, then:
 - Your computer does not have a sound card
 - Your speakers/headphones are turned off
 - Your speakers/headphones are not plugged in
 - Your PC is muted
 - Your PC sound settings are incorrectly set
 - Your GoToWebinar sound settings are incorrectly set

■ Go to www.GoToWebinar.com for support info

- ☐ We are broadcasting audio now!
- ☐ If you cannot hear anything and want to dial in, use the phone # after the word “Dial” in your control panel.
- ☐ Remember: Toll charges may apply.

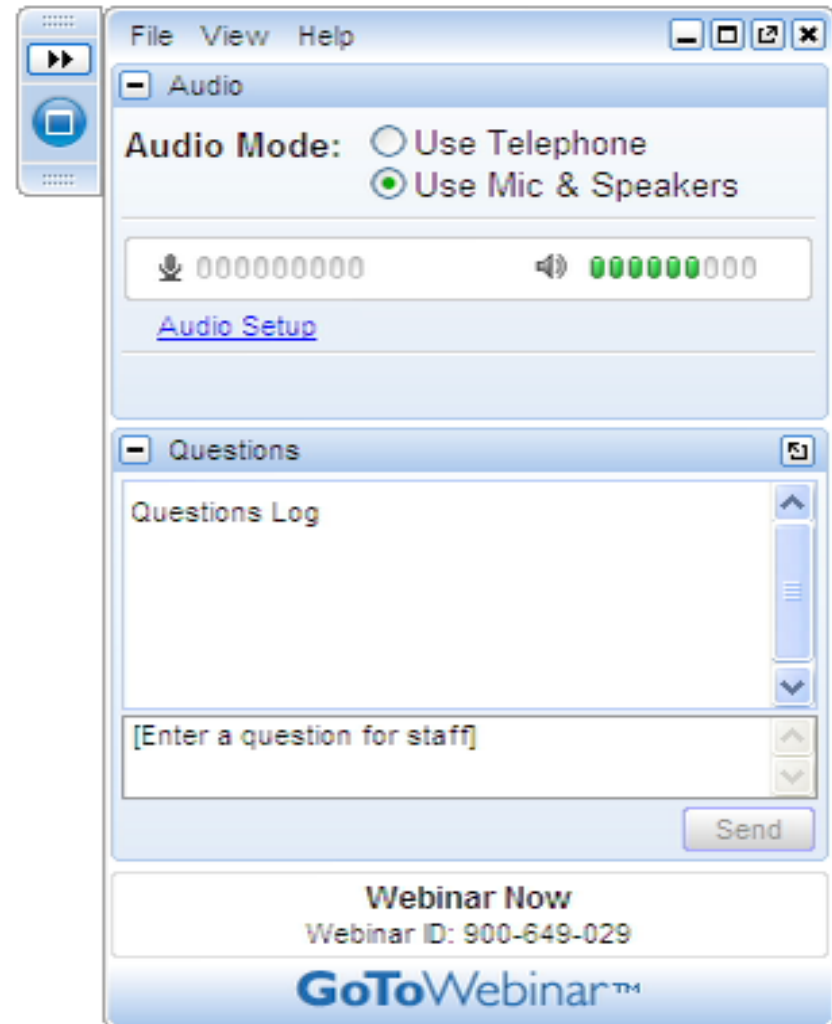


The screenshot shows a window titled "Audio" with a minus sign in the top-left corner. Inside the window, the "Audio Mode" section has two radio buttons: "Use Telephone" (which is selected with a green dot) and "Use Mic & Speakers" (which is unselected with a white dot). Below this, there are three lines of text: "Dial: xxx-xxx-xxxx", "Access Code: xxx-xxx-xxx", and "Audio PIN: xx". At the bottom of the window, there is a line of text: "If you're already on the call, press #20# now."

Webinar Tips

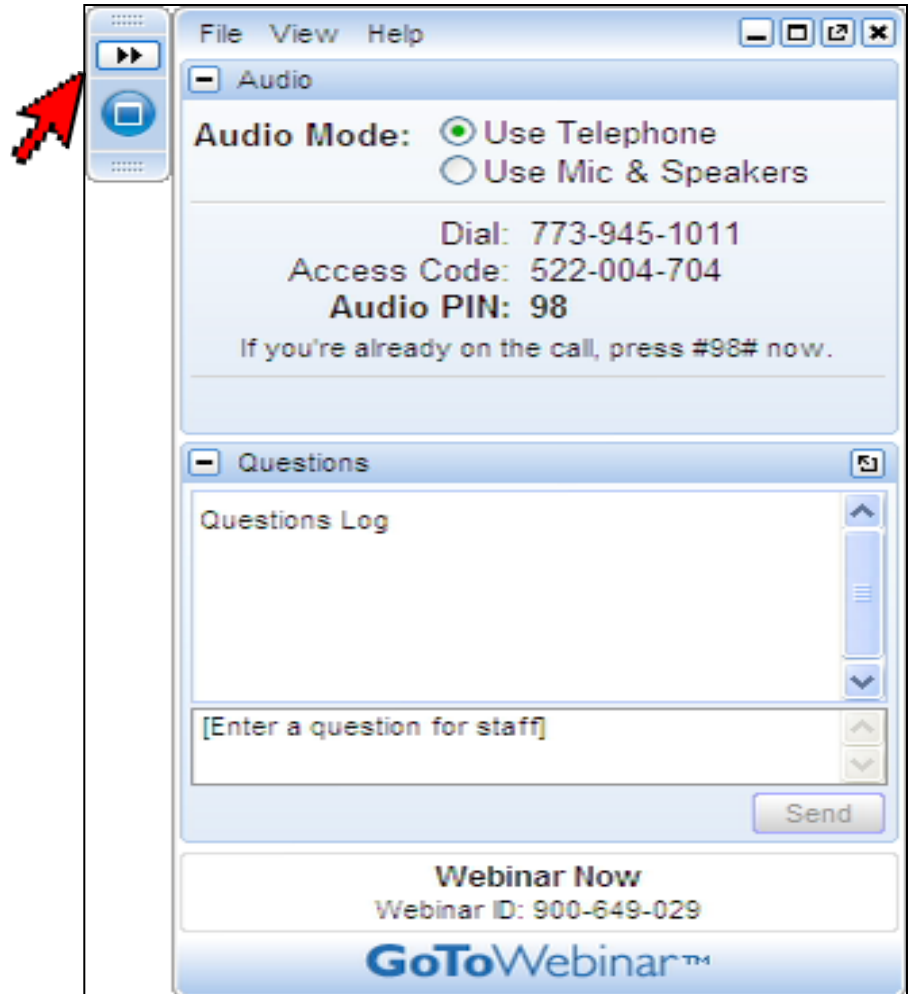
■ Attendee Control Panel

■ Asking Questions



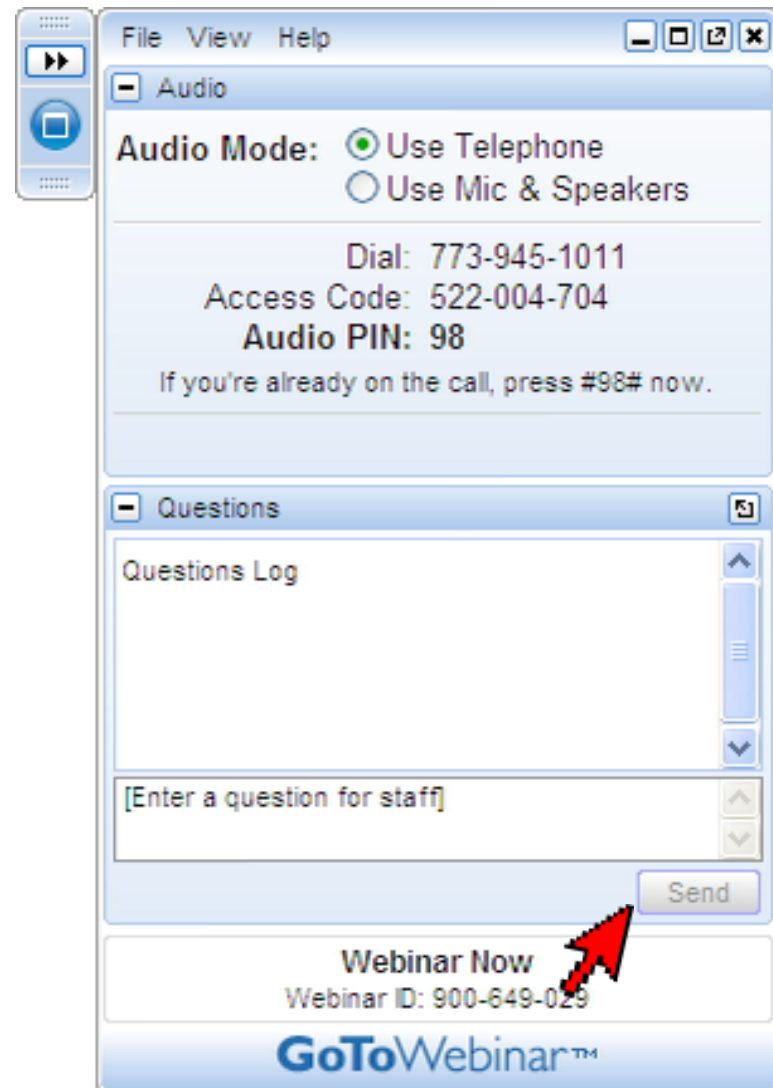
Attendee Control Panel

- **Hiding the Control Panel**
 - Toggle Auto-Hide On/Off
- **Use this panel to:**
 - Set your sound preferences
 - Ask Questions and view answers
- **Your microphone should always be muted**
- **Do not use the hand raising icon**
 - We are not monitoring this feature



Asking Questions

- You may ask questions anytime during the Webinar
 - Click the Questions option in the Webinar toolbar
 - Type in question
 - Click Send
- Selected questions will be answered during the Webinar
 - time permitting
- Questions will be reviewed for inclusion in future communications from DSHS



OPERATIONAL WEBINAR SERIES:

SUBMITTING AUTHORIZATION REQUESTS FOR PHARMACY SERVICES

Copy of this presentation located at

<http://hrsa.dshs.wa.gov/providerone/webinars/PharmacyPA.ppt>

Learning Objectives

- **As a result of this webinar, you will be able to:**
 - **Locate the new prior authorization request form 13-835A and instructions**
 - **Submit your authorization request successfully using the new authorization intake process**
 - **Submit additional information to an existing request using the new cover sheet**
 - **Check on the status of your request using the IVR**
- **For additional information on the pharmacy authorization program see the Prescription Drug Program Billing Instructions at http://hrsa.dshs.wa.gov/Download/Billing_Instructions_Webpages/Prescription_Drug_Program.html**

Learning Objectives

- **Understand the pharmacy and the prescribing physician's role in the prescription authorization process**
 - **Pharmacy initiates the request using DSHS electronic form 13-835A "Pharmacy Information Authorization"**
 - **Prescribing physician sends in addition information if required using DSHS Cover Sheets (Barcode Cover Sheet)**

What's Changing

What Doesn't Change?

- **Authorization policy**
 - If a service required authorization in the legacy MMIS, it will need authorization in ProviderOne

What's Different?

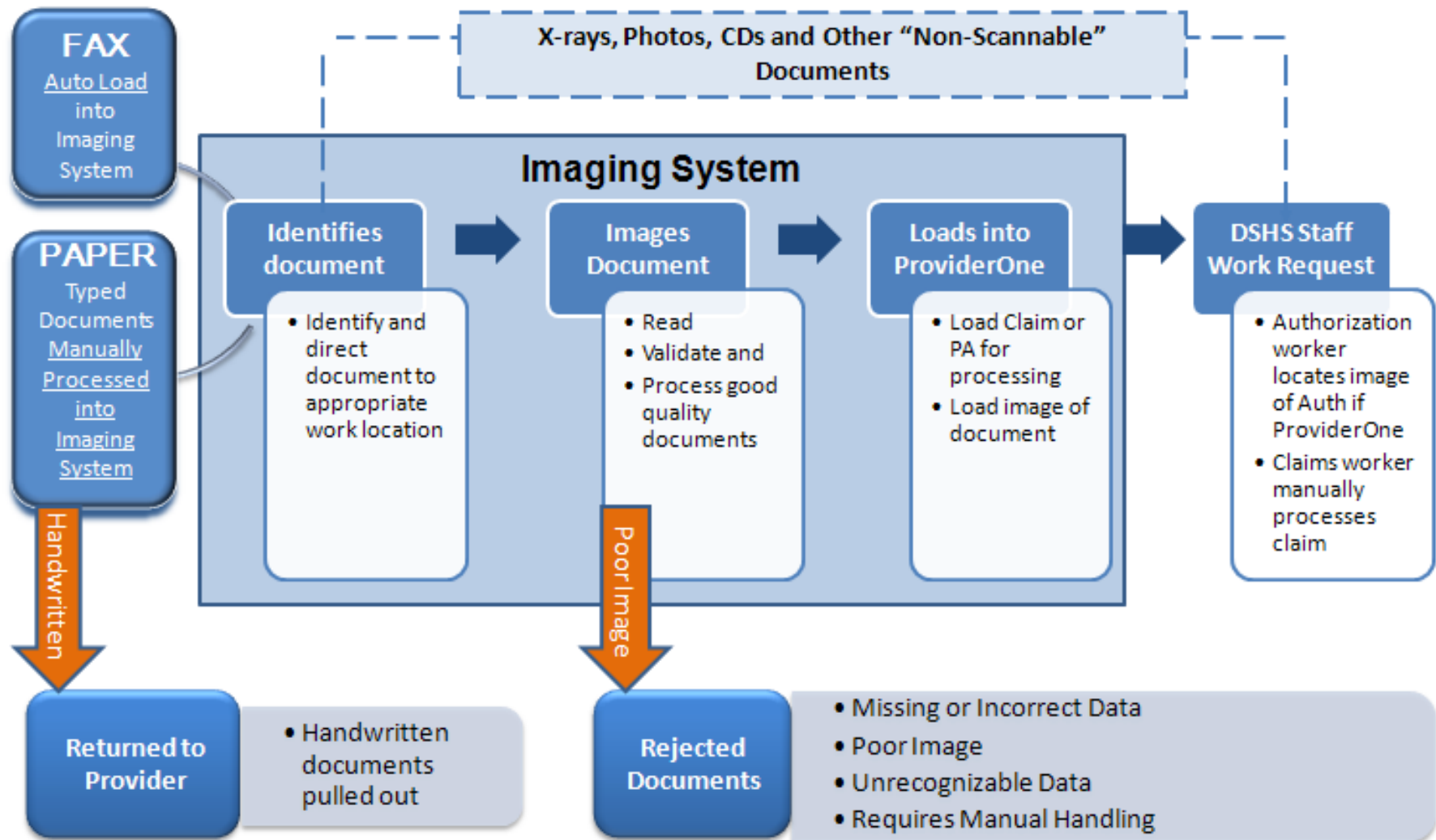
- **How you request authorization**
 - New scanning technology
 - Automated intake process
 - New form and cover sheets
- **New Self-Service functionality to monitor authorization status**

ProviderOne Includes New Scanning Technology



- **Optical Character Recognition (OCR)**
 - OCR is the translation of scanned images of typewritten text into machine encoded text
 - Widely used to convert documents into electronic files
- **Features of OCR**
 - OCR makes it possible to search for a word or phrase, store documents more compactly, display or print a copy of artifacts
- **OCR technology cannot accurately read if there is any handwriting on the form**

New Automated Intake Process



New Automated Intake Process

- **Incoming Pharmacy Authorization requests will be automatically scanned into ProviderOne when:**
 - **First page received is Prior Authorization Form 13-835A**
 - Do not use your own fax cover sheets
 - **DSHS Forms are not modified**
 - Modified forms will fail scanning process and delay processing
 - **Each authorization request is received separately**
 - Multiple requests faxed together will not be processed
 - **Faxed pages are set to size 8 ½ x 11**
 - **Forms are typewritten**

New Form Rolled out April 1, 2010

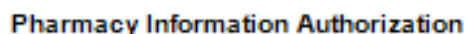
- **New On-line Authorization Form (13-835A)**
<http://www.dshs.wa.gov/msa/forms/eforms.html>
 - Forms must be typewritten for scanning and efficient processing
 - PDF form can be easily filled in and printed
 - Handwritten forms will be returned
 - Form must be completed by pharmacy and not the prescribing physician
 - Directions on completing the form are attached
- **New data elements required on the form**
 - ProviderOne Client ID and NPI
 - Org Code and Code Qualifier

Online Pharmacy Authorization Form

	for Continue		
13-823	SSN Referral / Take Charge	Word	PDF
13-830	ICF/MR Admissions Review Team Checklist	Word	PDF
13-831	Durable Medical Equipment	Word	PDF
13-832	Tysabri (Natalizumab) J2323 Request	Word	PDF
13-835	General Information for Authorization	Word	PDF
13-835A	Pharmacy Information Authorization	Word	PDF
13-836	Family and Children's Medical Benefits Renewal	Word	
	PDF Translations: Cambodian , Chinese , Korean , Laotian , Russian , Spanish , Vietnamese		



By clicking on the PDF version of the PA request form, you can easily complete the on-line form for printing.

[illegible]

Please fax this form and any supporting documents to 1-888-888-1214.

The material in this facsimile transmission is intended only for the use of the individual to whom it is addressed and may contain information that is confidential, privileged, exempt from disclosure under applicable law, HIPAA Compliance. Unless otherwise authorized in writing by the patient, protected health information will only be used to provide treatment, to see insurance payment, or to perform other specific health care operations.

PA Form Instructions- Tips

Org	1. <input type="text"/>
-----	-------------------------

- Enter 512 for Prescription Prior Authorization
- Enter 522 for Rates if you are requesting a reimbursement at less than cost and it's not DAW.
 - DAW1 Requires Prior Authorization

Tips to Expedite Your Request

- **Fax prior authorization request forms to 1-866-668-1214**
- **Remember**
 - **Fax one PA request at a time**
 - **Do not use your own fax cover sheets**
 - **Adjust your fax settings to 8 ½ x 11**
 - **Do not modify authorization form**
 - **Only use the ProviderOne Client ID**

The DSHS Cover Sheet

- Prescribing physicians may get a form requesting additional information. When submitting the completed form back to DSHS, the provider's organization will need to complete the DSHS cover sheet.
- The DSHS Cover Sheets can be located at http://hrsa.dshs.wa.gov/download/document_submission_cover_sheets.html
- Directions for cover sheets are in Appendix G of the ProviderOne Billing and Resource Guide and will be included with each request for additional information.



Request For Additional Clinical Information

PLEASE FAX RESPONSE TO: 1-866-668-1214

DRUG UTILIZATION REVIEW TEAM

Assuring the highest quality of care by guiding the appropriate use for Medicaid client

MAS
REFERENCE NUMBER 12121313991

PHARMACY	PHARMACY NPI	TELEPHONE NUMBER	FAX NUMBER
PLEASE PRINT: Please provide the information below, PRINT your answer, attach supporting documentation, sign, date and return to our office as soon as possible to expedite this request. Without this information the request may be denied in seven (7) working days.			
DATE OF REQUEST	PROVIDERONE CLIENT ID	PATIENT NAME	
PRESCRIBER'S NAME	TELEPHONE NUMBER	FAX NUMBER	
DRUG/STRENGTH	QUANTITY/DAYS SUPPLY	DIRECTIONS FOR USE	

1. What is the diagnosis and date of diagnosis for which this drug has been prescribed?
[Redacted]
2. What alternatives have been tried?
[Redacted]
What were the outcomes?
[Redacted]
Length of trial? [Redacted]
3. Is there another prescriber/specialist involved with this patient's care for the same or related condition?
☐ Yes ☐ No
If so, please send relevant reports and recommendations.
[Redacted]
4. **BRAND vs. GENERIC:** In order to consider a request for a brand name drug for approval, the patient **MUST** have had a trial of the generic and there must be supporting clinical documentation of observed adverse reactions. Please attach and fax documentation, or write below.
[Redacted]
5. Please justify use of drug if prescribed for other than FDA approved indications. Please attach supporting referred medical journal citations.
[Redacted]
6. Other
[Redacted]

DSHS Cover Sheets

ProviderOne

Pharmacy PA Supporting Documents Submission Cover Sheet

PA ID

12121313991



Rx Auth #

12121313991



Print Cover Sheet

Clear Fields

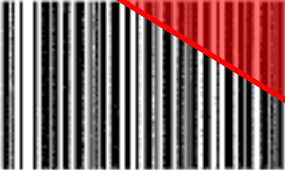
Use the reference number found on the upper right hand corner of the request for additional clinical information sheet and use that number in both of these locations.

DSHS Cover Sheets

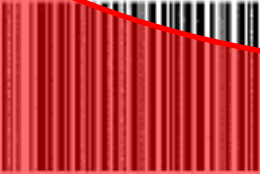
ProviderOne


Pharmacy PA Pend Forms Submission Cover Sheet

PA ID



Rx Auth #





DSHS Cover Sheets

- You must submit a separate DSHS cover sheet for each set of supporting documentation.
- If faxing multiple requests, each cover sheet and documentation set must be faxed separately. If mailing, however, multiple sets of documentation can be mailed in a single envelope.
- Backup documentation must be single sided.
- Backup documentation needs to be 8 ½ x 11.

- You can save the link or URL to the cover sheets as a “Favorite,” but be sure to always get them real-time from our Web site to make sure you’re using the correct version. Do not save the actual cover sheets to your own desktop and re-use them.
- Do not use a DSHS cover sheet when submitting an original authorization request form.

Checking on PA Status Using the IVR

ProviderOne

- **Call 800-562-3022**
 - PA Shortcut enter 1,5,2 (pause between each number)
- **Search by Authorization number or by the Services Card number and date of birth**
- **Statuses that may be returned:**
 - Received
 - Approved
 - Pended
 - Denied

Tips for success

- **Must use the new ProviderOne Client ID and NPI**
 - **ProviderOne cannot recognize the PIC or legacy provider numbers**

- **Frequently asked questions, helpful hints, and instructions for completing the authorization request form for our most common service types can be located at <http://hrsa.dshs.wa.gov/Authorization/>**

Ending the Webinar

- **To close the webinar**
 - **Click the X button in the control panel**